

DOCUMENT RESUME

ED 331 626

PS 019 511

TITLE Teenagers and Family Planning: A Case of Special Needs. Fact Sheet Number 2.

INSTITUTION Minnesota Univ., Minneapolis. Center for Early Education and Development.

PUB DATE Mar 91

NOTE 9p.

PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS *Adolescents; *Early Parenthood; *Family Planning; Family Problems; Individual Development; Public Policy; *Sexuality; *Student Attitudes

IDENTIFIERS *Minnesota

ABSTRACT

Facts on teenage pregnancy, particularly with reference to Minnesota, are discussed. Contents discuss the following topics: Teenage pregnancy is a significant problem in the United States; adolescents' stage of development influences their views on sexuality; many sexually active adolescents do not use contraceptives; adolescent males have special family planning needs; and, family planning programs for teens are necessary and cost-effective. Concluding remarks suggest action policy-makers can take regarding the promotion of legislation and establishment of incentives for program development. (RH)

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Fact Sheet Number 2, March 1991

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Teenagers and Family Planning: A Case of Special Needs

- When teenagers engage in sexual activity, they are at great risk for pregnancy, with a potential high cost to themselves and society.
- Teenagers' attitudes and behaviors about sexual behavior are unique -- very different from those of adults.

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- Family planning services and sex education information aimed at teenagers can be effective.

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How serious is the problem?

The teenage pregnancy rate has reached epidemic proportions. Each year:

- * Over 8500 Minnesota teenage girls get pregnant.
- * About 30 out of every 1000 Minnesota teenage girls give birth.
- * Sexual behavior in the teen years is related to poor school performance -- the poorer a teen is doing in school, the more likely he or she is to engage in risk behavior, and a teen who conceives a child is more likely to drop out of school.

The costs to society of early childbearing are high because:

Teenage mothers are:

- less likely to finish high school
- more likely to rely on AFDC for financial support
- less likely to get good-paying jobs
- less likely to receive child support payments from fathers
- more likely to deliver low birthweight babies who incur substantial medical costs

Children of teen moms are more likely to:

- have health problems
- have trouble in school and require special education
- become teenage parents themselves, creating an intergenerational cycle

How do we compare to other countries?

The teen pregnancy rate in the United States is very high compared to those in other developed countries. According to one 1985 study of 5 countries (US, Canada, England & Wales, the Netherlands, and Sweden), teen pregnancy rates are lower in those countries where:

- clinics are youth-directed and easily accessible
- contraceptive services are free or low-cost
- confidentiality is maintained
- sex education is offered
- sex is viewed without ambivalence as a natural part of life
- income is distributed more equitably

The same study found that countries where teen birth rates are lower than those in the United States focus prevention efforts, not on reducing sexual activity but on reducing teen pregnancy, by:

- education about sexuality and contraceptives
- widespread advertising of contraceptives
- development of special clinics for youths
- widely available, accessible and confidential contraceptive services

What do teenagers think (and why)?

If you have adolescents -- or if you've ever been one -- you probably know that they:

- think they know it all

yet...

- feel insecure

- believe nothing can hurt them

yet...

- feel powerless and helpless

- insist they be treated as adults

yet...

- act immaturely

Adolescents are learning to become adults amid rapid changes in their bodies, thinking processes and social skills. Following are real quotes from teenagers along with explanations from research in psychology about why teens think the way they do about "reproductive behavior."

Intellectual abilities

"My own mother...is assuming that I am having sex, and she keeps trying to get me to admit it.

This offends me greatly and now I am thinking about having sex with my girlfriend." (Boy, age 17)

Adolescents' newly developed abilities to solve interpersonal problems, think about choices and develop their own value systems are often expressed to adults in seemingly negative ways. They may be argumentative or find fault with authority figures.

"Next day at school I'm hailed as a 'stud,' I'm cool, guys' envy. You're hailed much the opposite, a 'slut,' you're easy, girls' disgrace. You're hurt. I'm proud. How could a view on an action be perceived so differently? How has our society become so twisted?" (Boy, age 18)

Adolescents are increasingly able to view things from multiple perspectives and think about the "ideal world" and how his or her own world falls short of that.

"What if your children ask you if you have had sex with any other guy than Daddy?" (Girl, age 18)

Adolescents are better able to think about hypothetical situations and to plan accordingly than are children. However, this skill is not necessarily applied consistently to behavior.

Social relationships

"Come on, we know how [to have sex] from watching movies and most of us are rarin' to try it out, after all we do have friends who have done 'IT.' At first I didn't think anyone I'd be friends with would even think about having sex until they were married. I was wrong. I discovered one of my friends had, so then I thought everyone must." (Girl, age 16)

Adolescents immerse themselves in their peer group. Their social world enlarges and they are exposed to and begin to think about a wider range of values and attitudes.

"When people feel ready they're going to do it. Most teenagers don't say, 'no, I can't. My mommy said no.'" (Girl, age 17)

Teenagers increasingly behave according to values set by friends, attending less to those set by parents.

"I think I'm ready for sex but I can wait until I'm 16." (Girl, age 13)

Teenagers' capacity for establishing intimate relationships increases through adolescence. This may impact their ability to handle sexual relationships.

"Adolescent Egocentrism"

"My parents made mistakes and were very harsh at times and I don't want to with [my baby]. I never want to [punish her unfairly] and if I ever start I will get help. I know how children feel." (Teen mother, age unknown)

Adolescents are very self-centered. Psychologists call this "adolescent egocentrism." They believe that their own personal experiences are unique and unlike those of their parents, teachers or peers. A teen parent may think that even though almost everyone else in her experience has trouble parenting, she will not because she is unique.

"I wouldn't go on the pill only if I was going to meet somebody, maybe to have sex casually, like once a month. I feel it's more for somebody who has a steady boyfriend." (Teenager, age unknown)

A teenager may feel that he or she is almost magically protected from harm, believing that pregnancy will only happen to other people or only if one secretly wants to get pregnant.

"I chickened out. I never went back...for the pills." (Teen mother, age 18)

Because they are self-centered, teenagers may believe that everyone is evaluating them and suffer so much embarrassment in asking for, or using, contraceptives that they choose to risk pregnancy instead.

Identity Formation

"As my peers and I try to find our self-identities, sex is almost (if not more) tempting than other matters that require a major decision, namely alcohol and drugs. Sex is directly related to a teenager's desire to experiment." (Boy, age 17)

Adolescence is a time of life during which individuals are learning "who they are" and beginning to experiment with adult roles.

"You are a slut if you do it and a tease if you don't. You really can't win as far as sex is concerned." (Girl, age 16)

Adolescents are developing an awareness of sexual identity and an understanding of what it means to be a man or woman in our society. This takes time and learning from one's errors until a mature identity is achieved.

"I've decided not to have sex when I'm this young because the last time I did, I made the grave mistake of having sex with the wrong girl." (Boy, age 14)

Adolescents increasingly make their own decisions about life styles, values and behavior. Again, this process is not necessarily accomplished without error.

"The first time it was like totally out of the blue. You don't...say 'Well, I'm going to his house and he's probably going to try to get to bed with me, so I better make sure I'm prepared.' I mean, you don't know it's coming, so how are you going to be prepared?" (Teenager, age unknown)

Adolescents often perceive themselves to be controlled by fate and lack the understanding that they can control the course of events in their lives.

Why do adolescents need family planning and sex education?

They do not have enough information

Most adolescents who become pregnant are surprised because they believe:

- it was the wrong time of month
- they are too young to become pregnant
- they did not have an orgasm
- they had sex infrequently
- they used withdrawal
- they could not get pregnant if they didn't want to

They may not use contraceptives

Of sexually active teenagers, only 37% of 9th graders and 54% of 12th graders surveyed by the Minnesota Department of Education reported they consistently use contraceptive methods.

The 1989 Minnesota Health survey indicated that adolescents do not use contraceptives because:

- sex was unplanned
- they did not think about it
- they did not think pregnancy would occur
- they were embarrassed to get contraception

Some choose pregnancy

A minority of adolescents become pregnant by choice. Their reasons generally include:

- a desire for marriage
- it is a reason to leave home
- they wish to spite their parents
- to have someone to always love them
- because their friends have babies

However, it is important to remember that ...

the culture in which an adolescent is raised may have a significant influence on his or her sexual behavior. *For example:* Hmong adolescents may experience cultural pressure to marry and start a family while still in the teen years.

Why do adolescent males need family planning and sex education?

We all know that it takes two to tango (or make a baby), yet...

- most research has examined the behavior and attitudes of female, but not male, adolescents
- most prevention strategies focus on females, but not males
- little effort is made by most clinics to get males to come in
- very few of the patients served by family planning clinics are males

Males should be targeted for family planning services because:

- pregnancy is a joint and shared responsibility
- boys are less knowledgeable about risk of pregnancy than are girls
- teenage fathers are likely to drop out of school even if they do not marry
- males are more likely than females of the same age to have had sex and are more likely to have sex outside the confines of a steady relationship.

The reasons male teenagers gave in one research study for not using contraceptives include:

- it interferes with pleasure
- their partner did not want to
- it's unnatural
- it makes sex seem too planned
- they were embarrassed to buy condoms
- it's a hassle to get

Two adolescent males, with differing perspectives:

"My friend got drunk and everyone bet him he couldn't get this chick and even put money on it. Well, my friend with the big ego tried, pried and then popped her." (age 16)

"There is no right age to start having sex. It's an emotional thing between two people (or at least it should be) and people should wait until they can handle it emotionally." (age 17)

How can family planning programs for teenagers be effective?

Ensure that the clinics:

- focus on the overall needs of adolescents
- take into account the adolescent's developmental level
- ensure confidentiality of their clients
- are easily accessible to teenagers
- are financially accessible and convenient to teenagers
- have staff who care about, and relate well to, teenagers
- offer services and programs designed for teenagers who already have children

What does research say about sex education in the schools?

Sex education in the schools:

- may reduce sexual activity and/or teen pregnancy
- does not promote sexual activity
- should acknowledge teenagers' sexuality and desire to experiment with adult roles
- is an important supplement to parental teaching
- is supported by most adults and adolescents

In general, family planning programs are cost-effective.

- * For every government dollar spent on family planning, \$4.40 is saved in medical, welfare and nutritional services.
- * Almost one-quarter of the American women who use contraceptives rely on publicly funded sources of care, preventing an estimated 3.5 million unwanted pregnancies per year.

What can policy-makers do?

- **Promote legislation that will:**
 - * **Subsidize the cost of contraceptives for teenagers of all income levels**
 - * **Require staff who work with teenagers to have appropriate training (e.g., adolescent development and cultural issues)**
 - * **Provide funding for youth-oriented health clinics located in areas easily accessible to teenagers**
 - * **Ensure confidentiality for teenagers who seek contraceptives**
 - * **Include sexuality and contraception information in sex education**
 - * **Encourage contraceptive education through the media**
 - * **Promote program evaluation efforts and research to discover effective and culturally sensitive family planning strategies for teenagers, both male and female**
- **Establish incentives for flexibility and coordination in planning and funding of sex education and family planning services for teenagers.**

"The governments of ... [Sweden, the Netherlands, France and Great Britain] have made a concerted public effort to help sexually active young people to avoid unintended pregnancy and childbearing. In the United States, in contrast, ... political and religious leaders, particularly, appear divided over what their primary mission should be: the eradication or discouragement of sexual relations among unmarried people, or the reduction of teenage pregnancy through promotion of contraceptive use."

E.F. Jones, et al., Family Planning Perspectives, March/April, 1985